

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## STATE OF DELAWARE **DEPARTMENT OF STATE**

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: WWW.DPR.DELAWARE.GOV

**DIVISION OF PROFESSIONAL REGULATION** 

## DELAWARE BOARD OF COSMETOLOGY AND BARBERING

Temporary Permit Application

An applicant for licensure by reciprocity who has met or exceeded all licensing requirements pursuant to Title 24, <u>Del. C.</u> Chapter 51, Section 5109, and has submitted proof of same to the Board office, is eligible to receive a temporary work permit pursuant to Title 24, <u>Del. C.</u>, Chapter 51, Section 5106(7) and Rules and Regulations Section II. If you wish to receive a temporary work permit, please complete the following information:

1.	Name of person ap	plying for temporary work permit		
	(Please Print)			
2.	Name and address	of salon/shop where you will be	vorking:	
		(City)	(Zip)	
3.	Cosmetology/Barbering Establishment number of salon/shop named above: M9			
Ple	ease note: When your	application is complete, please allo	w 4-6 weeks to receive your per	mit.
<u>F</u>	OR BOARD USE ONI	Y. DO NOT WRITE BELOW THIS	<u>AREA</u>	
		d of Cosmetology and Barbering 09 and 5106(7), and Rules and Re	•	rsuant to Title
Aı	uthorized Signature			
			BOARD SEAL	
Eff	fective Date	Expiration Date		

This temporary work permit is not official unless Board Seal is affixed. Display in open as approved by the Board of Cosmetology and Barbering.